

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

CHARLES LAVIN,

Plaintiff,

v

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY,
Defendant.

USDC Case No. 2:24-cv-11612

Hon.

Magistrate Judge

Wayne County Circuit Court
Case No. 24-007415-CK
Hon. Leslie Kim Smith

ELIZABETH A. KING (P74979)
FABIAN, SKLAR, KING & LISS, P.C.
Attorneys for Plaintiff
33450 W. Twelve Mile Road
Farmington Hills, MI 48331
(248) 579-1926
eking@fabiansklar.com

CARY R. BERLIN (P64122)
AMY L. WILLE (P68360)
PATRICK, JOHNSON & MOTT, P.C.
Attorneys for Defendant
70 Macomb Place, Suite 224
Mt. Clemens, Michigan 48043
(248) 356-8590
cberlin@pjmpc.com

STATE FARM'S NOTICE OF REMOVAL

Defendant, State Farm Mutual Automobile Insurance Company ("State Farm"), through its attorneys, Patrick, Johnson & Mott, P.C., removes the above action from the Wayne County Circuit Court to this Court, pursuant to 28 U.S.C. §1446, based upon the following grounds:

1. The above action was filed on May 21, 2024 in the Circuit Court for the County of Wayne, State of Michigan [Case No. 24-007415-CK] and is now pending in that Court. Process, consisting of the Summons and Complaint, was served upon State Farm's registered agent on May 28, 2024. (Copies of all process and pleadings served upon State Farm's registered agent are attached as **Exhibit "A;"** Proof of Delivery on State Farm's Registered Agent was served is attached as **Exhibit "B"**).

2. State Farm is now, and was at the time of the commencement of this action, a corporation organized and existing under the laws of the State of Illinois, having its principal place of business located in the City of Bloomington, State of Illinois.

3. State Farm is, therefore, a citizen of the State of Illinois, and is not a citizen or corporation of the State of Michigan.

4. At all times material hereto, Plaintiff was a citizen and resident of Wayne County, Michigan, as evidenced by Paragraph 1 of his Complaint. (**Exhibit "A"**).

5. This matter involves damages sustained to four vehicles (see Paragraphs 6 through 9 of the Complaint, **Exhibit "A"**), and a controversy exists between State Farm and the Plaintiff, and the amount of controversy in this action is no less than the sum of \$370,000.00, as evidenced by the four (4) Affidavits of Vehicle Theft submitted by the Plaintiff in support of his claims (the amounts Plaintiff is seeking are set forth on the last page of each Affidavit, all four of which are attached as **Exhibit "C"**).

6. This Court has original jurisdiction over this action pursuant to 28 U.S.C. § 1332, due to the amount in controversy and the diversity of citizenship of the parties.

7. State Farm is, therefore, entitled to remove the above action from the Wayne County Circuit Court to this Court pursuant to 28 U.S.C. § 1446(a).

Respectfully submitted,

PATRICK, JOHNSON & MOTT, P.C.

s/ Cary R. Berlin
Attorneys for Defendant
70 Macomb Place, Suite 224
Mt. Clemens, Michigan 48043
(248) 356-8590
cberlin@pjmpc.com
P64122

Date: June 20, 2024

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

CHARLES LAVIN,

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STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY,
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cberlin@pjmpc.com

PROOF OF SERVICE

The undersigned certifies that on June 20, 2024, my legal assistant, Courtney A. Pilibosian, served State Farm's Notice of Removal and this Proof of Service, by serving a copy via MiFile E-file and Serve program to the following:

ELIZABETH A. KING (P74979)
FABIAN, SKLAR, KING & LISS, P.C.
Attorneys for Plaintiff
33450 W. Twelve Mile Road
Farmington Hills, MI 48331

CLERK OF THE COURT
Wayne County Circuit Court
2 Woodward Avenue
Detroit, MI 48226

s/ Cary R. Berlin
PATRICK JOHNSON & MOTT, P.C.
Attorneys for Defendant
70 Macomb Place, Suite 224
Mt. Clemens, Michigan 48043
(248) 356-8590
cberlin@pjmpc.com
P64122

EXHIBIT “A”



THE PROPERTY INSURANCE,
EXPLOSION & FIRE INJURY ATTORNEYS

33450 West Twelve Mile Road
Farmington Hills, MI 48331-3350
Phone. 248.553.2000
Fax. 248.553.2020
www.fabiansklar.com

ELIZABETH A. KING

Attorney at Law
Direct Dial. 248.579.1926
eking@fabiansklar.com

May 23, 2024

Sent via USPS Certified Mail - Return Receipt Requested

State Farm Mutual Automobile Insurance Company
c/o RA CSC-Lawyers Incorp. Service Company
3410 Belle Chase Way, Ste. 600
Lansing, MI 48911

Re: *Charles Lavin v. State Farm Mutual Automobile Insurance Company*
Wayne County Circuit Court Case No.: 2024-007415-CK

To Whom It May Concern:

Please find enclosed Plaintiff, Charles Lavin's, Complaint and Jury Demand, filed in the Wayne County Circuit Court on May 21, 2024. Also enclosed is a copy of the Summons on the same matter.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

FABIAN, SKLAR, KING & LISS, P.C.

/s/ Elizabeth A. King

Elizabeth A. King
/arb

Enclosure

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	SUMMONS	CASE NO. 24-007415-CK Hon.Leslie Kim Smith
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Court telephone no.: 313-224-2427

Plaintiff's name(s), address(es), and telephone no(s) Lavin, Charles	v	Defendant's name(s), address(es), and telephone no(s). State Farm Mutual Automobile Insurance Company
Plaintiff's attorney, bar no., address, and telephone no Elizabeth Anne King 74979 33450 W 12 Mile Rd Farmington Hills, MI 48331-3350		State Farm Mutual Automobile Insurance Company c/o RA CSC-Lawyers Incorp. Service Company 3410 Belle Chase Way, Ste. 600 Lansing, MI 48911

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

- There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
- It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

- This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035
 - MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
 - There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
 - A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in this court, _____ Court, where it was given case number _____ and assigned to Judge _____.
- The action remains is no longer pending.

Summons section completed by court clerk.

SUMMONS**NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date 5/21/2024	Expiration date* 8/20/2024	Court clerk Laverne Chapman
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Cathy M. Garrett- Wayne County Clerk.

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

MC 01 (3/23)

SUMMONS

MCR 1.109(D), MCR 2.102(B), MCR 2.103, MCR 2.104, MCR 2.105



STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY WAYNE
CHARLES LAVIN,
Plaintiff,
vs.
Case No. 24-
Hon. CK
STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY,
Defendant.

Elizabeth A. King (P74979)
FABIAN, SKLAR, KING & LISS, P.C.
Attorneys for Plaintiff
33450 W. Twelve Mile Road
Farmington Hills, MI 48331
(248) 579-1926
eking@fabiansklar.com

There is no other pending or resolved civil action arising out of
the transaction or occurrence alleged in the complaint.

COMPLAINT

NOW COMES Plaintiff, CHARLES LAVIN, by and through his attorneys, FABIAN, SKLAR, KING & LISS, P.C., and for his Complaint against Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, states unto this Honorable Court as follows:

1. Plaintiff, CHARLES LAVIN, resides in the City of Dearborn Heights, County of Wayne, State of Michigan.
2. Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, is an Illinois corporation licensed to conduct business in the State of Michigan, which is doing business in the County of Wayne, State of Michigan.
3. The facts giving rise to this Complaint occurred in the City of Dearborn Heights,

County of Wayne, State of Michigan.

4. The amount in controversy between the parties exceeds the sum of Twenty-Five Thousand (\$25,000.00) Dollars exclusive of costs and interest.

5. The Court has jurisdiction over the parties and this matter, and venue is proper.

6. At all relevant times, Defendant insured Plaintiff's 2015 Harley Davidson FLTRXS against direct, sudden, and accidental damage pursuant to policy number 522 9049-B08-22A, a copy of which is in Defendant's possession.

7. At all relevant times, Defendant insured Plaintiff's 2016 Harley Davidson FLTRXS against direct, sudden, and accidental damage pursuant to policy number 515 3334-A07-22A, a copy of which is in Defendant's possession.

8. At all relevant times, Defendant insured Plaintiff's 2017 Neo NCVF Trailer against direct, sudden, and accidental damage pursuant to policy number 648 2089-D06-22, a copy of which is in Defendant's possession.

9. At all relevant times, Defendant insured Plaintiff's 2018 Land Rover Range Rover against direct, sudden, and accidental damage pursuant to policy number 710 3036-A02-22H, a copy of which is in Defendant's possession.

10. On or about May 14, 2023, while the above-listed insurance policies ("the Policies") were in effect, Plaintiff's Harley-Davidson motorcycles, Neo NCVF Trailer, and Land Rover Range Rover were damaged by fire.

11. Upon discovery, Plaintiff timely notified Defendant of the losses.

12. Pursuant to the terms of the Policies, Plaintiff delivered satisfactory proofs of the facts and the amount of his losses to Defendant.

13. On April 12, 2024, Defendant wrongfully denied coverage for Plaintiff's claims,

thereby materially breaching the parties' insurance contracts.

14. As a direct and proximate result of Defendant's breaches of the parties' insurance contracts, Defendant remains indebted to Plaintiff for his insured losses, and for his incidental and consequential damages that were in the contemplation of the parties at the time the contracts were made, or which are the natural and usual consequences of a breach of a policy of property insurance, including, but not limited to, towing fees, storage fees, and/or debris removal fees.

15. Pursuant to the parties' insurance contracts, Plaintiff demands that the amounts of loss and their actual cash value be set by appraisal.

16. MCL 500.2006 provides for the addition of 12 percent interest on claims where the Defendant insurer has failed to make payment of the claims within 60 days of receiving satisfactory proof of loss.

17. Pursuant to MCL 500.2006, Plaintiff is entitled to 12 percent interest on all amounts paid or owing under the subject policies of insurance that Defendant failed to timely pay.

WHEREFORE Plaintiff, CHARLES LAVIN, respectfully requests this Honorable Court enter a judgment in his favor and against Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, providing as follows:

- A. that a judgment of liability under the policies of insurance for the loss and damage caused by or resulting from the May 14, 2023 loss be entered in Plaintiff's favor and against Defendant;
- B. that the amounts of the loss shall be determined by appraisal pursuant to the parties' insurance contract;
- C. that judgments be entered for Plaintiff and against Defendant in the amounts of the appraisal awards;
- D. that the judgments award all incidental and consequential damages incurred by Plaintiff that were in the contemplation of the parties at the time the contracts were made, or which are the natural and foreseeable consequence of a breach of a property insurance contract;

- E. that Plaintiff be awarded penalty interest pursuant to MCL 500.2006 for all amounts Defendant failed to timely pay;
- F. that Plaintiff be awarded statutory interest, taxable costs and attorney fees to which he may be entitled; and
- G. that the judgments award such other relief as the Court deems just in equity and good conscience.

Respectfully submitted,

FABIAN, SKLAR, KING & LISS, P.C.

/s/ Elizabeth A. King

Elizabeth A. King (P74979)
Attorney for Plaintiff

Dated: May 21, 2024

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY WAYNE

CHARLES LAVIN,

Plaintiff,

vs.

Case No. 24-
Hon.

CK

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY,

Defendant.

Elizabeth A. King (P74979)
FABIAN, SKLAR, KING & LISS, P.C.
Attorneys for Plaintiff
33450 W. Twelve Mile Road
Farmington Hills, MI 48331
(248) 579-1926
eking@fabiansklar.com

DEMAND FOR JURY TRIAL

NOW COMES Plaintiff, CHARLES LAVIN, by and through his attorneys, FABIAN, SKLAR, KING & LISS, P.C., and hereby demands a jury trial in the above-captioned cause of action.

Respectfully submitted,

FABIAN, SKLAR, KING & LISS, P.C.

/s/ Elizabeth A. King

Elizabeth A. King (P74979)
Attorneys for Plaintiff

Dated: May 21, 2024



2016 2710 0000 7082 7259

Fabian, Sklar, King & Liss PC
33450 W. Twelve Mile Road
Farmington Hills, MI 48331



FIRST CLASS MAIL

State Farm Mutual Automobile Insurance
Company
c/o RA CSC-Lawyers Incorp. Service Company
3410 Belle Chase Way, Ste. 600
Lansing, MI 48911

EXHIBIT “B”

ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTH, SOUTHEAST, AND CENTRAL U.S. ...



FAQs >

Tracking Number:

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70162710000070827259

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Delivered, PO Box

LANSING, MI 48924

May 28, 2024, 11:50 am

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FAQs

EXHIBIT “C”



State Farm Mutual Automobile Insurance Company

Affidavit of Vehicle Fire

Claim Number: 22-49Z5-88B
2018 Land Rover Range Rover

1. Name of Insured Charles Lavin				Name of Owner Charles Lavin		
Address 25565 Oakland Dr, Dearborn Hts, MI 48125-1011				Home Phone 248-916-5945		
Date of Birth 05/14/69	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	Number of Dependents 0				
Social Security Number [REDACTED]		Driver's License Number [REDACTED]				
Address 25565 Oakland, Dearborn MI 48125				Phone Number 248-916-5945		
2. Date of Fire 05/14/23	Time 4:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Make of Vehicle Land Rover	Year 2018	Model Range Rover	Body Type SUV	Color Black
Vehicle ID Number SAL6WZSEXJA515545			License Plate Number		State MI	
Certificate of Title Number M10014478814			If none, why?			
Number of Cylinders 8	H.P. or C.I. or Liter	Odometer Reading 29000 miles	Was vehicle locked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were windows rolled up? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
When did you last see your vehicle? 0			Date 05/12/23	Time 2:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
Specific location where vehicle burned 150 R.D Villa, Punta Gorda FL 33950						
Reason vehicle was left at this location Storage						
Name and address of person who left auto at this location Charles Lavin - 25565 Oakland Dearborn, MI 48125						
Their Driver's License Number L150115-429645						
When was the fire discovered? 05/14/23		Date: 05/14/23	Time 4:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
Who made the discovery? Police (local)						
When was fire reported to Fire Department? 05/14/23		Date 05/14/23	Time 5:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
Name and Location of Fire Station						
Describe fire (where, color of smoke, cause) N/A was not there						
Was vehicle being driven? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Describe exactly what happened prior to noticing smoke or fire (electrical or mechanical malfunction) Was not there						
Were you carrying a container of flammable liquid in the vehicle at the time of fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes, give type of liquid		Amount of liquid	
Size and type of container			Location of container at time of fire			

Did you smell smoke or see flames first?		<i>N/A was not there</i>		
Have you had similar problems prior to fire		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If so, explain				
Has vehicle been damaged during the past three years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If so, give location <i>Dearborn, MI</i>		
Type of damage <i>Windshield</i>		Amount of damage \$ <i>2,500</i>	Date	
Were repairs made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		If so, were they completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Who made the repairs? <i>Bell Auto Glass</i>				
Name and address of insurance company who paid claim damages, if any <i>State Farm</i>				
Any other claims in the last three years on this or any other vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Any other vehicles in your household? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name of insurance company and agent on other vehicles <i>State Farm - Jeff Hulstrand</i>				
Your prior insurance company and agent? <i>N/A</i>				
Any homeowner's claims within the past 6 months with State Farm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
With any other carrier? <i>NO</i>				
Was any equipment that is common to the use of the vehicle damaged or destroyed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Examples: Luggage carriers/Bicycle carriers, Accessory floor pads, Spare tires and wheels, Fire extinguishers for the vehicle, Tire chains, Dash Cams/Dashboard Cameras/Dashboard Video Cameras, Automatic Garage Door Opener, Child Passenger Restraint Systems, etc.				

List all personal effects damaged:

Brand Name	Description of Item	Date of Purchase	Purchase Price	Name and Address of Store
<i>N/A</i>	<i>Clothes</i>	<i>N/A</i>	\$ <i>2,000</i>	<i>N/A</i>
<i>N/A</i>	<i>Shoes</i>		\$ <i>1,000</i>	<i>N/A</i>
			\$	
			\$	
			\$	
			\$	

3. Vehicle Equipment (Check if vehicle had any of the following)

POWER	SUNROOF	PAINT/GLASS	BUMPERS	OTHER	Other
<input checked="" type="checkbox"/> Power Steering <input checked="" type="checkbox"/> Power Brakes <input checked="" type="checkbox"/> Power Locks <input checked="" type="checkbox"/> Power Windows <input checked="" type="checkbox"/> Power Mirrors <input type="checkbox"/> Htd Pwr Mirrors	<input type="checkbox"/> Power Steel <input checked="" type="checkbox"/> Power Glass <input type="checkbox"/> Manual Sliding <input type="checkbox"/> T-Top Glass <input type="checkbox"/> T-Top Solid	<input type="checkbox"/> Two-Tone <input type="checkbox"/> Custom <input type="checkbox"/> Graphics <input checked="" type="checkbox"/> Tinted Glass <input type="checkbox"/> Privacy Glass	<input type="checkbox"/> Rear Step <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Step	<input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Wheel <input checked="" type="checkbox"/> Rear Defrost <input checked="" type="checkbox"/> Air Cond <input checked="" type="checkbox"/> Dual Air Cond <input checked="" type="checkbox"/> Anti-Lock Brakes <input checked="" type="checkbox"/> Air Bag-Driver <input checked="" type="checkbox"/> Air Bag – Other: <input type="checkbox"/> Rear Wiper <input checked="" type="checkbox"/> Rear Spoiler <input type="checkbox"/> Phone <input type="checkbox"/> Remote Start <input checked="" type="checkbox"/> Keyless Entry <input checked="" type="checkbox"/> Navigation Sys <input type="checkbox"/> Entertainment Sys <input checked="" type="checkbox"/> OnStar/SOS <input checked="" type="checkbox"/> Auto Lock Hubs <input type="checkbox"/> Man Lock Hubs	<input type="checkbox"/> Grille Guard <input checked="" type="checkbox"/> Fog Lights <input type="checkbox"/> Winch <input type="checkbox"/> Canopy <input type="checkbox"/> Bed Liner <input type="checkbox"/> Tool Box <input type="checkbox"/> Hydraulic Liftgate <input type="checkbox"/> Lift Kit <input type="checkbox"/> 3 in <input type="checkbox"/> 6 in <input type="checkbox"/> 10 in <input type="checkbox"/> Ground Effects <input type="checkbox"/> Lowered # of in: <input type="checkbox"/> Slide Rear Wndw <input type="checkbox"/> Slide Steps <input type="checkbox"/> Tubular Side Steps <input type="checkbox"/> Running Boards <input type="checkbox"/> Tinted Glass A/M
RADIO/ALARM	SEATS	ROOF	WHEELS	SUSPENSION/TOW	
<input checked="" type="checkbox"/> AM/FM Stereo <input checked="" type="checkbox"/> AM/FM Cass <input checked="" type="checkbox"/> AM/FM Cass/CD <input checked="" type="checkbox"/> CD Player <input type="checkbox"/> CD Changer <input checked="" type="checkbox"/> InDash Changer <input checked="" type="checkbox"/> InDash Chngr/Cass <input checked="" type="checkbox"/> Satellite <input checked="" type="checkbox"/> Alarm System <input type="checkbox"/> MP 3 <input type="checkbox"/> Removed	<input checked="" type="checkbox"/> Power Driver <input checked="" type="checkbox"/> Pwr Driver/Pass <input checked="" type="checkbox"/> Heated Front <input checked="" type="checkbox"/> Heated F&R <input type="checkbox"/> Split Bench <input type="checkbox"/> Bucket <input type="checkbox"/> Cloth/Velour <input checked="" type="checkbox"/> Leather	<input type="checkbox"/> Vinyl <input type="checkbox"/> Landau <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Roll Bar <input type="checkbox"/> Pwr Conv Top <input checked="" type="checkbox"/> Hard Top	<input type="checkbox"/> Wire <input type="checkbox"/> Wire Whl Cvr <input checked="" type="checkbox"/> Alloy <input type="checkbox"/> AM <input type="checkbox"/> Chrome <input type="checkbox"/> AM <input type="checkbox"/> Styled Steel <input type="checkbox"/> Chrome Alloy <input type="checkbox"/> Dual Rear	<input type="checkbox"/> Towing Package <input checked="" type="checkbox"/> Trailer Hitch <input checked="" type="checkbox"/> HD Suspension <input checked="" type="checkbox"/> Stability Control <input checked="" type="checkbox"/> Traction Control	
	CONVERSION VAN				
	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Television <input type="checkbox"/> Microwave <input type="checkbox"/> Full Pop-Top				

4. Vehicle Condition

CONDITIONING				
INTERIOR				
SEATS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
CARPETS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
DASH BOARD	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
HEADLINER	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
EXTERIOR				
SHEET METAL	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
TRIM	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
PAINT	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Repainted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Cost:	
GLASS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
MECHANICAL				
ENGINE	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Rebuilt Engine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles on New/Rebuilt	<input type="checkbox"/> Cost	
TRANS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Rebuilt Trans:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles on New/Rebuilt:	<input type="checkbox"/> Cost	
OTHER MECHANICAL RECEIPTS <input type="checkbox"/> Desc\$/:		Date work done/Part(s):		
TIRES				
FRONT	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
New Tires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Cost	
REAR	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
New Tires:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Cost:	
GEN'L COMMENTS:				

5. Name and address of service station/garage

Who performs routine maintenance service?		Date last serviced		
Who performs State MV inspection?		Date last inspected		
6. Date car purchased: <input type="checkbox"/> New <input type="checkbox"/> Used:		Purchase Price \$		
Trade-in		Allowance		
Seller Dealer/Individual Name and Address			How did you learn the car was for sale?	
How was the car paid for? <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check		If financed, Name and Phone Number of Lienholder		Account Number
Balance Due \$	Loan Terms	Months	Date of last loan payment made	Is account past due? <input type="checkbox"/> No <input type="checkbox"/> Yes How long?
Are keys in your possession? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Ignition key number:		Trunk key number:
Do you have other theft insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, policy number		
Name of insurance company				
Was this a rebuilt wreck? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, name of rebuilder		
Was it a recovered theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, date of theft		
7. Amount for which you are making claim \$ <u>\$140,000</u>				

Are the answers you have given true to the best of your knowledge and belief?

I am presenting a claim for damages that resulted from a fire to my vehicle as described in the Affidavit of Vehicle Fire and Claim Report.

Click here to enter text.

By signing this document, I hereby attest, under penalty of perjury, that the information contained herein is true to the best of my knowledge.

Policyholder: _____ Date: 6/12/23
 Address: 25565 Oakland Dr, Dearborn MI 48121
(Signature)



State Farm Mutual Automobile Insurance Company

Affidavit of Vehicle Fire

Claim Number: 22-49Z5-98V
2016 Harley-Davidson

1. Name of Insured Charles Lavin				Name of Owner Charles Lavin
Address 25565 Oakland Dr, Dearborn Hts, MI 48125-1011				Home Phone 248-916-5945
Date of Birth 1969	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	Number of Dependents 0		
Social Security Number [REDACTED]		Driver's License Number [REDACTED]		
Address 25565 Oakland, Dearborn MI 48125		Phone Number 248-916-5945		
2. Date of Fire 05/14/23	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 4:00	Make of Vehicle Har Davidson	Year 2016	Model FLTRX5
Vehicle ID Number 1HD1KTM116B63T804			License Plate Number 3AN05	State MI
Certificate of Title Number 3T0E2460629 F		If none, why?		
Number of Cylinders 2	H.P. or C.I. or Liter [REDACTED]	Odometer Reading 2800	Was vehicle locked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were windows rolled up? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When did you last see your vehicle? 05/14/23		Date 05/12/23	Time 2:00	AM <input checked="" type="checkbox"/> PM
Specific location where vehicle burned 150 R.R. Villa, Punta Gorda FL 33450				
Reason vehicle was left at this location Storage				
Name and address of person who left auto at this location Charles Lavin - 25565 Oakland, Dearborn MI, 48125				
Their Driver's License Number L150115429645				
When was the fire discovered? 05/14/23		Date: 05/14/23	Time 4:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Who made the discovery? Police (lawn)				
When was fire reported to Fire Department?		Date 05/14/23	Time 5:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Name and Location of Fire Station				
Describe fire (where, color of smoke, cause) Was not there				
Was vehicle being driven? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Describe exactly what happened prior to noticing smoke or fire (electrical or mechanical malfunction) Was not there				
Were you carrying a container of flammable liquid in the vehicle at the time of fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, give type of liquid	Amount of liquid	
Size and type of container		Location of container at time of fire		

Did you smell smoke or see flames first?		<i>Was not there</i>	
Have you had similar problems prior to fire		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If so, explain			
Has vehicle been damaged during the past three years?		If so, give location	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Type of damage		Amount of damage \$	Date
Were repairs made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		If so, were they completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who made the repairs?			
Name and address of insurance company who paid claim damages, if any			
Any other claims in the last three years on this or any other vehicle		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Any other vehicles in your household? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name of insurance company and agent on other vehicles		<i>State Farm - Jeff Hilscherd</i>	
Your prior insurance company and agent?		<i>N/A</i>	
Any homeowner's claims within the past 6 months with State Farm?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
With any other carrier?			
Was any equipment that is common to the use of the vehicle damaged or destroyed?		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Examples: Luggage carriers/Bicycle carriers, Accessory floor pads, Spare tires and wheels, Fire extinguishers for the vehicle, Tire chains, Dash Cams/Dashboard Cameras/Dashboard Video Cameras, Automatic Garage Door Opener, Child Passenger Restraint Systems, etc.</i>			

List all personal effects damaged:

Brand Name	Description of Item	Date of Purchase	Purchase Price	Name and Address of Store
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

3. Vehicle Equipment (Check if vehicle had any of the following)

POWER	SUNROOF	PAINT/GLASS	BUMPERS	OTHER	Other
<input type="checkbox"/> Power Steering <input checked="" type="checkbox"/> Power Brakes <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Htd Pwr Mirrors	<input type="checkbox"/> Power Steel <input type="checkbox"/> Power Glass <input type="checkbox"/> Manual Sliding <input type="checkbox"/> T-Top Glass <input type="checkbox"/> T-Top Solid	<input type="checkbox"/> Two-Tone <input checked="" type="checkbox"/> Custom <input type="checkbox"/> Graphics <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Privacy Glass	<input type="checkbox"/> Rear Step <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Step	<input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Wheel <input type="checkbox"/> Rear Defrost <input type="checkbox"/> Air Cond <input type="checkbox"/> Dual Air Cond <input type="checkbox"/> Anti-Lock Brakes <input type="checkbox"/> Air Bag-Driver <input type="checkbox"/> Air Bag – Other: <input type="checkbox"/> Rear Wiper <input type="checkbox"/> Rear Spoiler <input type="checkbox"/> Phone <input type="checkbox"/> Remote Start <input type="checkbox"/> Keyless Entry <input checked="" type="checkbox"/> Navigation Sys <input checked="" type="checkbox"/> Entertainment Sys <input checked="" type="checkbox"/> OnStar/SOS <input type="checkbox"/> Auto Lock Hubs <input type="checkbox"/> Man Lock Hubs	<input type="checkbox"/> Grille Guard <input checked="" type="checkbox"/> Fog Lights <input type="checkbox"/> Winch <input type="checkbox"/> Canopy <input type="checkbox"/> Bed Liner <input type="checkbox"/> Tool Box <input type="checkbox"/> Hydraulic Liftgate <input type="checkbox"/> Lift Kit <input type="checkbox"/> 3 in <input type="checkbox"/> 6 in <input type="checkbox"/> 10 in <input type="checkbox"/> Ground Effects <input type="checkbox"/> Lowered # of in: <input type="checkbox"/> Slide Rear Wndw <input type="checkbox"/> Slide Steps <input type="checkbox"/> Tubular Side Steps <input type="checkbox"/> Running Boards <input type="checkbox"/> Tinted Glass A/M
RADIO/ALARM	SEATS	ROOF	WHEELS		
<input checked="" type="checkbox"/> AM/FM Stereo <input checked="" type="checkbox"/> AM/FM Cass <input checked="" type="checkbox"/> AM/FM Cass/CD <input type="checkbox"/> CD Player <input type="checkbox"/> CD Changer <input type="checkbox"/> InDash Changer <input checked="" type="checkbox"/> InDash Chngr/Cass <input type="checkbox"/> Satellite <input checked="" type="checkbox"/> Alarm System <input type="checkbox"/> MP 3 <input type="checkbox"/> Removed	<input type="checkbox"/> Power Driver <input type="checkbox"/> Pwr Driver/Pass <input type="checkbox"/> Heated Front <input type="checkbox"/> Heated F&R <input type="checkbox"/> Split Bench <input type="checkbox"/> Bucket <input type="checkbox"/> Cloth/Velour <input checked="" type="checkbox"/> Leather <input type="checkbox"/> Vinyl <input type="checkbox"/> Captain Chairs (2) <input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> Vinyl <input type="checkbox"/> Landau <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Roll Bar <input type="checkbox"/> Pwr Conv Top <input type="checkbox"/> Hard Top	<input type="checkbox"/> Wire <input type="checkbox"/> Wire Whl Cvr <input type="checkbox"/> Alloy <input type="checkbox"/> AM <input type="checkbox"/> Chrome <input type="checkbox"/> AM <input checked="" type="checkbox"/> Styled Steel <input checked="" type="checkbox"/> Chrome Alloy <input type="checkbox"/> Dual Rear		
		CONVERSION VAN	SUSPENSION/TOW		
		<input type="checkbox"/> Refrigerator <input type="checkbox"/> Television <input type="checkbox"/> Microwave <input type="checkbox"/> Full Pop-Top	<input type="checkbox"/> Towing Package <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> HD Suspension <input type="checkbox"/> Stability Control <input type="checkbox"/> Traction Control		

4. Vehicle Condition

CONDITIONING				
INTERIOR				
SEATS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
CARPETS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
DASH BOARD	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
HEADLINER	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
EXTERIOR				
SHEET METAL	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
TRIM	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
PAINT	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Repainted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		Cost:
GLASS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
MECHANICAL				
ENGINE	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Rebuilt Engine:	<input type="checkbox"/> Yes <input type="checkbox"/> No			Miles on New/Rebuilt <input type="checkbox"/> Cost
TRANS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Rebuilt Trans:	<input type="checkbox"/> Yes <input type="checkbox"/> No			Miles on New/Rebuilt <input type="checkbox"/> Cost
OTHER MECHANICAL RECEIPTS	<input type="checkbox"/> Desc/\$:	Date work done/Part(s):		
TIRES				
FRONT	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
New Tires:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date:		Cost
REAR	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
New Tires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:		Cost
GEN'L COMMENTS:				

5. Name and address of service station/garage <i>Self</i>				
Who performs routine maintenance service? <i>Self</i>		Date last serviced <i>Nov, 2022</i>		
Who performs State MV inspection? <i>Never</i>		Date last inspected —		
6. Date car purchased: <input type="checkbox"/> New <input checked="" type="checkbox"/> Used:		Purchase Price \$ <i>69000</i>		
Trade-in —		Allowance —		
Seller Dealer/Individual Name and Address <i>N/A</i>			How did you learn the car was for sale? <i>Online</i>	
How was the car paid for? <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check		If financed, Name and Phone Number of Lienholder		Account Number
Balance Due \$	Loan Terms	Months	Date of last loan payment made	Is account past due? <input type="checkbox"/> No <input type="checkbox"/> Yes How long?
Are keys in your possession? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Ignition key number: <i>N/A</i>		Trunk key number: <i>N/A</i>
Do you have other theft insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, policy number		
Name of insurance company				
Was this a rebuilt wreck? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, name of rebuilder		
Was it a recovered theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, date of theft		
7. Amount for which you are making claim \$ <i>\$90,000</i>				

Are the answers you have given true to the best of your knowledge and belief?

I am presenting a claim for damages that resulted from a fire to my vehicle as described in the Affidavit of Vehicle Fire and Claim Report.

Click here to enter text.

By signing this document, I hereby attest, under penalty of perjury, that the information contained herein is true to the best of my knowledge.

Policyholder: _____ Date: *09/25/23*
 Address: *2556 Oaklawn, Dearborn MI 48125*
(Signature)



State Farm Mutual Automobile Insurance Company

Affidavit of Vehicle Fire

Claim Number: 22-49Z6-02V
2015 Harley-Davidson

1. Name of Insured Charles Lavin				Name of Owner Charles Lavin
Address 25565 Oakland Dr, Dearborn Hts, MI 48125-1011				Home Phone 248-916-5945
Date of Birth 1969	Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	Number of Dependents 0		
Social Security Number [REDACTED]	Driver's License Number [REDACTED]			
Address 25565 Oakland, Dearborn MI 48125		Phone Number 248-916-5945		
2. Date of Fire 05/14/23	Time 4:00 AM <input type="checkbox"/> PM	Make of Vehicle Harley-Davidson	Year 2015	Model FLTRXS
Vehicle ID Number 1H01KTM12FB610738	License Plate Number 3PN03		Body Type Motorcycle <input type="checkbox"/> Mkt:	
Certificate of Title Number 350E2910052	If none, why?			
Number of Cylinders 2	H.P. or C.I. or Liter [REDACTED]	Odometer Reading 3200	Was vehicle locked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were windows rolled up? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
When did you last see your vehicle? 05	Date 05		Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Specific location where vehicle burned 150 Rio Villa, Punta Gorda, FL 33910				
Reason vehicle was left at this location Storage				
Name and address of person who left auto at this location Charles Lavin - 25565 Oakland, Dearborn MI 48125				
Their Driver's License Number 150110-429645				
When was the fire discovered? 05/14/23	Date: 05/14/23		Time 4:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
Who made the discovery? Police (local)				
When was fire reported to Fire Department? 05/14/23	Date 05/14/23		Time 5:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
Name and Location of Fire Station				
Describe fire (where, color of smoke, cause) Was not there				
Was vehicle being driven? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Describe exactly what happened prior to noticing smoke or fire (electrical or mechanical malfunction) Was not there				
Were you carrying a container of flammable liquid in the vehicle at the time of fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, give type of liquid		Amount of liquid	
Size and type of container	Location of container at time of fire			

Did you smell smoke or see flames first?	<i>Was not there</i>		
Have you had similar problems prior to fire	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If so, explain			
Has vehicle been damaged during the past three years?	If so, give location		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Type of damage	Amount of damage \$	Date	
Were repairs made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	If so, were they completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who made the repairs?			
Name and address of insurance company who paid claim damages, if any			
Any other claims in the last three years on this or any other vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any other vehicles in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of insurance company and agent on other vehicles <i>State Farm - Jeff Halstead</i>			
Your prior insurance company and agent? <i>N/A</i>			
Any homeowner's claims within the past 6 months with State Farm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
With any other carrier?			
Was any equipment that is common to the use of the vehicle damaged or destroyed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<i>Examples: Luggage carriers/Bicycle carriers, Accessory floor pads, Spare tires and wheels, Fire extinguishers for the vehicle, Tire chains, Dash Cams/Dashboard Cameras/Dashboard Video Cameras, Automatic Garage Door Opener, Child Passenger Restraint Systems, etc.</i>			

List all personal effects damaged:

Brand Name	Description of Item	Date of Purchase	Purchase Price	Name and Address of Store
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

3. Vehicle Equipment (Check if vehicle had any of the following)

POWER	SUNROOF	PAINT/GLASS	BUMPERS	OTHER	Other
<input type="checkbox"/> Power Steering <input checked="" type="checkbox"/> Power Brakes <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Htd Pwr Mirrors	<input type="checkbox"/> Power Steel <input type="checkbox"/> Power Glass <input type="checkbox"/> Manual Sliding <input type="checkbox"/> T-Top Glass <input type="checkbox"/> T-Top Solid	<input type="checkbox"/> Two-Tone <input checked="" type="checkbox"/> Custom <input type="checkbox"/> Graphics <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Privacy Glass	<input type="checkbox"/> Rear Step <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Step	<input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Wheel <input type="checkbox"/> Rear Defrost <input type="checkbox"/> Air Cond <input type="checkbox"/> Dual Air Cond <input type="checkbox"/> Anti-Lock Brakes <input type="checkbox"/> Air Bag-Driver <input type="checkbox"/> Air Bag – Other: <input type="checkbox"/> Rear Wiper <input type="checkbox"/> Rear Spoiler <input type="checkbox"/> Phone <input type="checkbox"/> Remote Start <input type="checkbox"/> Keyless Entry <input checked="" type="checkbox"/> Navigation Sys <input checked="" type="checkbox"/> Entertainment Sys <input type="checkbox"/> OnStar/SOS <input type="checkbox"/> Auto Lock Hubs <input type="checkbox"/> Man Lock Hubs	<input type="checkbox"/> Grille Guard <input checked="" type="checkbox"/> Fog Lights <input type="checkbox"/> Winch <input type="checkbox"/> Canopy <input type="checkbox"/> Bed Liner <input type="checkbox"/> Tool Box <input type="checkbox"/> Hydraulic Liftgate <input type="checkbox"/> Lift Kit <input type="checkbox"/> 3 in <input type="checkbox"/> 6 in <input type="checkbox"/> 10 in <input type="checkbox"/> Ground Effects <input type="checkbox"/> Lowered # of in: <input type="checkbox"/> Slide Rear Wndw <input type="checkbox"/> Slide Steps <input type="checkbox"/> Tubular Side Steps <input type="checkbox"/> Running Boards <input type="checkbox"/> Tinted Glass A/M
RADIO/ALARM	SEATS	ROOF	WHEELS		
<input checked="" type="checkbox"/> AM/FM Stereo <input checked="" type="checkbox"/> AM/FM Cass <input checked="" type="checkbox"/> AM/FM Cass/CD <input type="checkbox"/> CD Player <input type="checkbox"/> CD Changer <input type="checkbox"/> InDash Changer <input checked="" type="checkbox"/> InDash Chngr/Cass <input type="checkbox"/> Satellite <input checked="" type="checkbox"/> Alarm System <input type="checkbox"/> MP 3 <input type="checkbox"/> Removed	<input type="checkbox"/> Power Driver <input type="checkbox"/> Pwr Driver/Pass <input type="checkbox"/> Heated Front <input type="checkbox"/> Heated F&R <input type="checkbox"/> Split Bench <input type="checkbox"/> Bucket <input type="checkbox"/> Cloth/Velour <input checked="" type="checkbox"/> Leather <input type="checkbox"/> Vinyl <input type="checkbox"/> Captain Chairs (2) <input type="checkbox"/> 4 <input type="checkbox"/> 6	<input type="checkbox"/> Vinyl <input type="checkbox"/> Landau <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Roll Bar <input type="checkbox"/> Pwr Conv Top <input type="checkbox"/> Hard Top	<input type="checkbox"/> Wire <input type="checkbox"/> Wire Whl Cvr <input type="checkbox"/> Alloy <input type="checkbox"/> AM <input type="checkbox"/> Chrome <input type="checkbox"/> AM <input type="checkbox"/> Styled Steel <input checked="" type="checkbox"/> Chrome Alloy <input type="checkbox"/> Dual Rear		
		CONVERSION VAN	SUSPENSION/TOW		
		<input type="checkbox"/> Refrigerator <input type="checkbox"/> Television <input type="checkbox"/> Microwave <input type="checkbox"/> Full Pop-Top	<input type="checkbox"/> Towing Package <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> HD Suspension <input type="checkbox"/> Stability Control <input type="checkbox"/> Traction Control		

4. Vehicle Condition

CONDITIONING				
INTERIOR				
SEATS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
CARPETS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
DASH BOARD	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
HEADLINER	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
EXTERIOR				
SHEET METAL	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
TRIM	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
PAINT	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Repainted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Cost:	
GLASS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
MECHANICAL				
ENGINE	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Rebuilt Engine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles on New/Rebuilt		<input type="checkbox"/> Cost
TRANS	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
Rebuilt Trans:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles on New/Rebuilt:		<input type="checkbox"/> Cost
OTHER MECHANICAL RECEIPTS	<input type="checkbox"/> Desc/\$:	Date work done/Part(s):		
TIRES				
FRONT	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
New Tires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Cost	
REAR	<input checked="" type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Add'l Comments
New Tires:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Cost:	
GEN'L COMMENTS:				

5. Name and address of service station/garage <i>Self</i>				
Who performs routine maintenance service? <i>Self</i>		Date last serviced <i>Nov, 2022</i>		
Who performs State MV inspection? <i>Never</i>		Date last inspected <i>—</i>		
6. Date car purchased: <input type="checkbox"/> New <input checked="" type="checkbox"/> Used:		Purchase Price \$ <i>70,000</i>		
Trade-in		Allowance		
Seller Dealer/Individual Name and Address <i>F-Bomb Bagger - Illinois</i>			How did you learn the car was for sale? <i>Online</i>	
How was the car paid for? <input type="checkbox"/> Cash <input type="checkbox"/> Check <i>N/A</i>		If financed, Name and Phone Number of Lienholder		
Balance Due \$	Loan Terms	Months	Date of last loan payment made	Is account past due? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes How long?
Are keys in your possession? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Ignition key number:		Trunk key number:
Do you have other theft insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, policy number		
Name of insurance company <i>—</i>				
Was this a rebuilt wreck? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, name of rebuilder		
Was it a recovered theft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, date of theft		
7. Amount for which you are making claim \$ <i>100,000</i>				

Are the answers you have given true to the best of your knowledge and belief?

I am presenting a claim for damages that resulted from a fire to my vehicle as described in the Affidavit of Vehicle Fire and Claim Report.

Click here to enter text.

By signing this document, I hereby attest, under penalty of perjury, that the information contained herein is true to the best of my knowledge.

Policyholder: _____ Date: *09/28/23*
 (Signature)
 Address: *25565 Backless Dr, Dearborn, MI 48125*



State Farm Mutual Automobile Insurance Company

Affidavit of Trailer Fire

Claim Number: 22-49Z5-94Z

2017 Neo NCVF Trailer

Name of Insured Charles Lavin		Name of Owner Charles Lavin	
Address 25565 Oakland Dr Dearborn Hts MI 48125-1011		Home Phone (248) 808-8481	
Date of Birth 1464	Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	Number of Dependents 0	
Social Security Number [REDACTED]	Driver's License Number [REDACTED]		
Occupation	Employer's Name		
Address 25565 Oakland dr, dearborn MI 48125		Phone Number 248-916-5445	
Date of Fire 05/14/23	Time 4:00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM
Trailer Description			
Year 2017	Make NEO	Model —	License Plate Number
VIN 54BNL3325H131264	Exterior Color		Interior Color
<input type="checkbox"/> Fifth Wheel	<input type="checkbox"/> Gooseneck	<input type="checkbox"/> Utility	Dimensions Width 8.5 Length 30 Height 7 ft +
<input type="checkbox"/> Motorcycle Trailer	<input type="checkbox"/> Bicycle Trailer	<input type="checkbox"/> Haz Mat Trailer	Ramp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type Rear car/prot v nose
<input checked="" type="checkbox"/> Enclosed/Box	<input type="checkbox"/> Livestock	<input type="checkbox"/> Semi-Trailer	Tongue Lock <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Boat Trailer	<input type="checkbox"/> Solar Trailer	<input type="checkbox"/> Other _____	Percentage of Wear LF: 10% LR: 10% RF: 10% RR: 10% SP: 10%
Tire Manufacturer N/A	Number of Tires 5	Size N/A	
Load / Rating <input type="checkbox"/> 1/2 Ton <input type="checkbox"/> 3/4 Ton <input type="checkbox"/> 1 Ton	Type of Sides		
Was trailer locked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were windows closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date you last saw your trailer?	Date 05/12/23	Time 2:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Specific location where trailer burned 150 Rio Villa, Punta Gorda FL 33950			
Reason trailer was left at this location Storage			
Name and address of person who left trailer at this location Charles Lavin - 25565 Oakland Dearborn MI 48125		Driver's License Number L150115429645	
When was the fire discovered?	Date 05/14/23	Time 4:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Who made the discovery? Police (law)			
When was the fire reported to fire department?	Date 05/14/23	Time 7:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Name and Location of Fire Station			

Describe fire (where, color of smoke, cause)				
<i>Was not present</i>				
Was trailer in use or being towed?				
<i>No</i>				
Describe exactly what happened prior to noticing smoke or fire (electrical or mechanical malfunction)				
<i>Was not there</i>				
Were you carrying a container of flammable liquid in the trailer at the time of the fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, give type of liquid		Amount of liquid		
Size and type of container		Location of container at time of fire		
Did you smell smoke or see flames first?				
<i>No, was not present</i>				
Have you had similar problems prior to fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, explain				
Has trailer been damaged during the past three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If so, give location				
Type of damage	Amount of damage		Date	
Were repairs made? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Who made the repairs?				
Name and address of insurance company who paid claim damages, if any				
Any other claims in the last three years on this or any other trailer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Any other trailers in your household? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name of insurance company and agent on other trailers				
Your prior insurance company and agent	<i>N/A</i>			
Any homeowner's claims within the past six months with State Farm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
With any other carrier?				

Radio	<input type="checkbox"/> OEM	<input type="checkbox"/> Non-OEM	Brand	Model Number
Cellular phone	<input type="checkbox"/> OEM	<input type="checkbox"/> Non-OEM	Brand	Model Number
Paint	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Repaint (+/-) \$		

Vehicle Equipment

Trailer Description Utility	Construction Frame	Semi	Miscellaneous
<input type="checkbox"/> Boat <input type="checkbox"/> Car Hauler (Enclosed) <input type="checkbox"/> Car Hauler (Flatbed) <input type="checkbox"/> Enclosed Utility <input type="checkbox"/> Flatbed/Stake bed <input type="checkbox"/> Landscaping <input checked="" type="checkbox"/> Motorcycle (Rail Type) <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Snowmobile/ATV <input type="checkbox"/> Tilt Deck <input type="checkbox"/> V-Deck	<input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Frameless <input type="checkbox"/> Steel	<input type="checkbox"/> Curtain Side <input type="checkbox"/> Enclosed/Dry Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Sheep/Hog Trailer <input type="checkbox"/> Refrigerated Make _____ Model _____	<input type="checkbox"/> Brakes <input type="checkbox"/> Air <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Surge
Hitch Type	Deck	Dump	Ramp
<input type="checkbox"/> Bumper Pull <input type="checkbox"/> Gooseneck <input type="checkbox"/> King Pin <input type="checkbox"/> Pintle	<input checked="" type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Diamond Plate <input type="checkbox"/> Expanded Steel Mesh <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Steel Rail <input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Belly Dump <input type="checkbox"/> End Dump <input type="checkbox"/> Side Dump <input type="checkbox"/> Air Dump Gate <input type="checkbox"/> Heated <input type="checkbox"/> Liner: <input type="checkbox"/> Plastic <input type="checkbox"/> Steel	<input type="checkbox"/> Detachable <input checked="" type="checkbox"/> Fold Up <input type="checkbox"/> Pull Out <input checked="" type="checkbox"/> Aluminum Wheels
Livestock/Horse	Sides/Roof	Tanker	Cabinets
<input type="checkbox"/> Stock Trailer (Open Sides) <input type="checkbox"/> Stock/Horse Combination <input type="checkbox"/> Horse Trailer (Enclosed Sides)	<input type="checkbox"/> Aluminum <input type="checkbox"/> FRP <input checked="" type="checkbox"/> Painted <input type="checkbox"/> Steel <input type="checkbox"/> Side Rails Height _____ inches <input type="checkbox"/> Steel <input type="checkbox"/> Wood	<input type="checkbox"/> Number of Gallons _____ Pump Manufacturer _____	<input type="checkbox"/> Custom Wheels <input checked="" type="checkbox"/> Electronic Hook Ups <input checked="" type="checkbox"/> Fenders <input checked="" type="checkbox"/> Interior Lighting <input checked="" type="checkbox"/> Roof Vent <input type="checkbox"/> Shelving <input type="checkbox"/> Sliding Axle <input checked="" type="checkbox"/> Spare Tire <input type="checkbox"/> Steel Wheels <input checked="" type="checkbox"/> Stone Guard <input checked="" type="checkbox"/> Tie-Downs <input checked="" type="checkbox"/> Tongue Jack <input type="checkbox"/> Tool Box Number of _____ 4 <input type="checkbox"/> Translucent Roof <input type="checkbox"/> Work Bench
Number of Horses _____	Superstructure	Code	
Load Type <input type="checkbox"/> Slant <input type="checkbox"/> Straight	<input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> FRP <input type="checkbox"/> Steel <input type="checkbox"/> Wood	<input type="checkbox"/> Food Grade <input type="checkbox"/> Fuel <input type="checkbox"/> Water Other _____	
<input type="checkbox"/> Dividers <input type="checkbox"/> Dressing Room <input type="checkbox"/> Feed Managers <input type="checkbox"/> Hay Rack <input type="checkbox"/> Living Quarters Manufacturer _____	Door Types	Snowmobile	
<input type="checkbox"/> Rubber Mats <input type="checkbox"/> Saddle Rack <input type="checkbox"/> Tack Room	<input checked="" type="checkbox"/> Curbside <input checked="" type="checkbox"/> Ramp Rear Door <input checked="" type="checkbox"/> Roadside <input type="checkbox"/> Roll Up Rear Door <input checked="" type="checkbox"/> Swing Open Rear Door <i>front - V-Nose ramp door</i>	Load Type <input type="checkbox"/> Enclosed <input type="checkbox"/> Flatbed <input type="checkbox"/> Flatbed with Cap <input type="checkbox"/> Slush Guard <input type="checkbox"/> Tie-Downs <input type="checkbox"/> V-Nose	

Condition

If Above Average or Below Average is selected, provide additional details and dollar amount below.	Above Average	Average	Below Average
Interior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Axle Tires	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Axle Tires	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In comments please indicate if vehicle is total loss, where the point of impact is, and gross estimate amount.

General Comments (to appear as text, no adjustments):

Fire, total loss

Also, roof top AC, exterior lighting

Pre-Loss Condition (Explain if other than average condition for year, make, and model trailer)

	Above Average	Average	Below Average
Interior			
Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior			
Sheet Metal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prior Damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Estimate Written: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount: \$ _____
Overall Condition <input checked="" type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average		
Inspected by _____	Date _____	
Name and address of service station/garage <i>Self</i>		
Who performs routine maintenance service? <i>Self</i>	Date last serviced —	
Who performs State MV inspection? <i>Never</i>	Date last Inspected —	
Date trailer purchased <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Purchased price \$ <i>30,000</i>	Trade-in allowance \$ _____
Seller/Dealer/Individual Name and Address <i>NEO Manufacturing</i>		
How did you learn the trailer was for sale? <i>Order New</i>		
How was the trailer paid for? <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check		
If financed, name and address of finance company		
Account Number _____	Balance Due \$ _____	Loan Terms _____ Months _____
Is account past due <input type="checkbox"/> Yes <input type="checkbox"/> No		How long _____
Are keys in your possession <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ignition key number <i>N/A</i> Trunk key number <i>N/A</i>
Do you have other trailer insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Policy number _____
Name of Insurance Company _____		
Was this a rebuilt wreck? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, name of rebuilder _____
Amount for which you are making claim \$ <i>40,000.00 - to replace</i>		

Are the answers you have given true to the best of your knowledge and belief? Yes No

I am presenting a claim for damages that resulted from a fire to my trailer as described in the Affidavit of Vehicle Fire and Claim Report.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

By signing this document, I hereby attest, under penalty of perjury, that the information contained herein is true to the best of my knowledge.

Policyholder: _____ Date: 09/25/23

Address: 25565 Oaklawn Dr, Dearborn MI 48125